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APPLICANTS

Andreas Nordbryhn, Oslo, NORWAY;
 Tom Steidel, Asker, NORWAY;
 Lennart Flem, Kolsas, NORWAY;

**** CONTINUING DATA *******

This application is a CIP of 09/480,641 01/11/2000 ABN which is a CON of 08/973,152 12/01/1997 PAT 6,137,900
 which is a 371 of PCT/NO97/00179 07/10/1997

**** FOREIGN APPLICATIONS *******

NORWAY 962949 07/12/1996

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 06/15/2004

Foreign Priority claimed	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	NORWAY	13	10	2
Verified and Acknowledged	Examiner's Signature  Initials				

ADDRESS

020427

TITLE

Method and return vending machine device for handling empty beverage containers

FILING FEE RECEIVED 770	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other <input type="checkbox"/> Credit
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